



Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Allen et al. DOCKET: YOR920030406US1 (8728-649)
SERIAL NO: 10/733,210 GROUP ART UNIT: 2825
FILED: December 10, 2003 EXAMINER: Dinh, Paul
FOR: **FRAMEWORK FOR HIERARCHICAL VLSI DESIGN**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 U.S.C. 1.116

Examiner:

This reply is in response to the Final Office Action dated November 22, 2005. Please consider the following remarks.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 23, 2006.

Dated:

January 23, 2006

Melithza Rodriguez
Melithza Rodriguez



PATENT APPLICATION
Attorney Docket: YOR920030406US1 (8728-649)

In re application of: Allen et al.
Serial No.: 10/733,210 Group: Art Unit 2825
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MAIL STOP AF
Commissioner for Patents
PO BOX 1450
Alexandria VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS					
REMAINING		HIGHEST NO.	PRESENT	ADDIT.	ADDIT.
AFTER		PREVIOUSLY	EXTRA	RATE FEE	RATE FEE
AMENDMENT		PAID FOR			OR
TOTAL	27* MINUS	27**	= 0	X 25 \$	X 50 \$.00
INDEP.	3* MINUS	3***	= 0	X 100 \$	X 200 \$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 180 \$	X 360 \$ 0
				TOTAL	OR TOTAL \$.00

ADDIT. FEE \$.00

- * If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter 20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

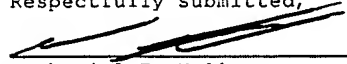
[] Please charge Deposit Account No. 50-0510/IBM (Yorktown Heights) in the amount of \$.00. Two (2) copies of this sheet are enclosed.

[] A check in the amount of \$_____ is enclosed.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0510/IBM. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0510/IBM therefor. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,

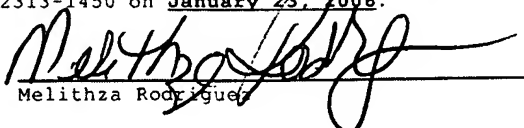
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